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POWER OF ATTORNEY and CHANGE OF CORRESPONDENCE ADDRESS	Application Number		10/598,479-Conf. #5991
	Filing Date		August 31, 2006
	First Named Inventor		Lee Terry Bachelier
	Title	ESTIMATION OF CLINICAL CUT-OFFS	
	Art Unit		1631
	Examiner Name		J. Lin
Attorney Docket No.		026038.0265PTUS	

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

☐ I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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I am the:

☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on _____

SIGNATURE of Applicant or Assignee of Record

Signature

Date

Name

Telephone

Title and Company

Assistant General Counsel, Johnson and Johnson

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒

*Total of 1 forms are submitted.